

<b>Case Number:</b>	CM14-0028773		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year-old female Shipping Assistant sustained an injury on 7/8/11 while employed by [REDACTED]. Request(s) under consideration include physical therapy (unspecified frequency/duration) and Flexeril 10 mg. Report of 1/14/14 from the provider noted patient with neck pain rated 9/10, right shoulder pain rated at 8/10, and low back pain rated at 9/10. Exam showed tenderness and spasm to the cervical paraspinal musculature; limited range and spasm; positive shoulder depression test; TTP at right rotator cuff muscles; negative impingement; lumbar spine with tenderness and spasm; negative SLR. The patient remained TTD and not working. Diagnoses included cervical disc disease; AC joint osteoarthritis s/p fall with supraspinatus tendinosis s/p right shoulder arthroscopy; lumbar disc syndrome/spondylosis; right sciatica; and headaches. The requests for physical therapy and Flexeril 10 mg were non-certified on 2/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** A report of 1/14/14 from the provider noted patient with neck pain rated 9/10, right shoulder pain rated at 8/10, and low back pain rated at 9/10. Exam showed tenderness and spasm to the cervical paraspinal musculature; limited range and spasm; positive shoulder depression test; TTP at right rotator cuff muscles; negative impingement; lumbar spine with tenderness and spasm; negative SLR. The patient remained TTD and not working. Diagnoses included cervical disc disease; AC joint osteoarthritis s/p fall with supraspinatus tendinosis s/p right shoulder arthroscopy; lumbar disc syndrome/ spondylosis; right sciatica; and headaches. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy is not medically necessary and appropriate.

**FLEXERIL 10 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** The report on 1/14/14 from the provider noted patient with neck pain rated 9/10, right shoulder pain rated at 8/10, and low back pain rated at 9/10. An exam showed tenderness and spasm to the cervical paraspinal musculature; limited range and spasm; positive shoulder depression test; TTP at right rotator cuff muscles; negative impingement; lumbar spine with tenderness and spasm; negative SLR. The patient remained TTD and not working. Diagnoses included cervical disc disease; AC joint osteoarthritis s/p fall with supraspinatus tendinosis s/p right shoulder arthroscopy; lumbar disc syndrome/ spondylosis; right sciatica; and headaches. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term

use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains TTD. The Flexeril 10 mg is not medically necessary and appropriate.